

Year: Site ID#:

Section IV-1A: Weekly Employee Survey Summary Form

Summarize the commute modes of employees reporting to work within the standard 6-10 a.m., Monday-Friday window only.

If you have received written District approval prior to taking your survey to use an alternative window, please identify your window below:

Days of the week: _____
(Identify the 5 consecutive days above)

Hours: _____ through _____
(Identify the 4 consecutive hours above)

Mode

NSR. No Survey Response

A. Drive Alone

B. Motorcycle

C. 2 person carpool

D. 3 person carpool

E. 4 person carpool

F. 5 person carpool

G. 6 person carpool

H. Vanpool

I. Bus

J. Rail/plane

K. Walk

L. Bicycle

M. Electric Vehicle

N. Telecommute

O. Noncommuting

MON	TUE	WED	TH	FRI	Total

Compressed Work Week Day(s) Off

P. 3/36 work week

Q. 4/40 work week

R. 9/80 work week

Other Days Off

S. Vacation

T. Sick

U. Other

U₁. Other (No Survey Responses)

Daily Totals

--	--	--	--	--	--